PRIVATE ICE SKATING LESSON

All registrants must complete and return this form with payment.

The program coordinator will call you within one week of receipt of this form to discuss instruction schedule

STEP ONE:

Please select the lessons of interest to you and the appropriate fees

All Lessons are taught by the Head Instructor, Joy Elder who has more than 30 years training both competitive figure skaters and hockey players. Joy is a former competitive figure skater and holds a Silver Medal through the USFSA. She has also skated professionally for Disney on Ice. Her well-rounded background and enthusiastic approach will provide a great experience for interested skaters of all levels.

			10/1				
60 Minute Lesson	o \$70 Resident	o \$75 Non-Resident	o \$10 Additional Person	o Number of Lessons			
45 Minute Lesson	o \$55 Resident	o \$60 Non-Resident	o \$10 Additional Person	o Number of Lessons			
30 Minute Lesson	o \$40 Resident	o \$45 Non-Resident	o \$10 Additional Person	o Number of Lessons			
STEP TWO:	Please	provide payment info	ormation				
Amount due for all sele	ected above:	\$					
o Check payable to City	of Clayton						
o Visa - accepted over t	the phone or in per	son at time of registration	on				
o Master Card - accepted over the phone or in person at time of registration							
STEP THREE:	-	provide contact info	North Children				
Participant Name:	-	•	Age:				
	- C		Carried Street				
Home Phone:		Alternate Phone:					
E-Mail address:		1111					
Days and Times Availal	ole:	Special Reque	sts:				
	1000						
	100						
STEP FOUR:	Plassa	read and sign below					
CANCELLATION POLICY:	i icase	read and sign below					
Once lessons have been so scheduled based on instru	ictor availability. Less	ons cancelled for any reas		d with 24 hours notice will be relow to the rescheduled. To cancel or 10-8519 or by email at thohen-			
WAIVER OF LIABILITY:							

My family and I herby waive and release the City of Clayton, the Center of Clayton, and the School District of Clayton and its representatives from claims and damages and or injuries incurred while participating in or as a spectator at a sponsored activity. I also agree, as a participant or parent of a minor participant, to grant full permission to the City of Clayton to use my name, photograph, videotape, or recordings for any publicity promotion purposes without obligation or liability to me or my family.

I have read and understand, and ag	gree to the policies stated above,	and herby validate t	this registration b	y signing below.
------------------------------------	------------------------------------	----------------------	---------------------	------------------

Signature:	Date:	